

**U. S. COAST GUARD NATIONAL MARITIME CENTER
MERCHANT MARINER CREDENTIAL APPLICATION ACCEPTANCE CHECKLIST**

Below is a list of items that constitute an application for a U. S. Coast Guard Merchant Mariner Credential (MMC). The MMC application package must be submitted to your local Regional Examination Center and may be delivered via mail. In person visits are no longer required. DO NOT submit your MMC application package directly to the National Maritime Center (NMC) as this will result in significant delays.

"READY TO BE EVALUATED" CRITICAL ITEMS:

- ☐ **Transportation Workers Identification Card (TWIC):** *(For all transactions)* - Provide evidence that you either hold a valid TWIC (photocopy of TWIC) or have applied for a TWIC (TWIC application receipt). **IMPORTANT - FAILURE TO PROVIDE THE ABOVE WILL RESULT IN YOUR MMC APPLICATION BEING RETURNED TO YOU.**
- ☐ **Evaluation User Fee:** Pay via credit card or bank account using <https://www.pay.gov>. IMPORTANT – PRINT AND INCLUDE YOUR PAYMENT RECEIPT AS PROOF OF PAYMENT.
- ☐ **CG Form 719B Application:** Be sure to read & accurately complete this entire form. Double check your mailing address & contact info. IMPORTANT – EVERY PERSON WHO RECEIVES AN ORIGINAL CREDENTIAL MUST FIRST TAKE AN OATH. THE OATH MAY BE ADMINISTERED BY A DESIGNATED COAST GUARD INDIVIDUAL OR ANY PERSON LEGALLY PERMITTED TO ADMINISTER OATHS IN THE JURISDICTION WHERE THE PERSON TAKING THE OATH RESIDES (E.G. NOTARY).
- ☐ **Form I-551 Alien Registration Card:** A front and back photocopy copy of your Form I-551 Alien Registration Card. IMPORTANT – THIS APPLIES TO FOREIGN NATIONALS APPLYING FOR RATING ENDORSEMENTS; YOU MUST SHOW LAWFUL ADMITTANCE TO THE UNITED STATES FOR PERMANENT RESIDENCE (FORM I-551).
- ☐ **Signed Conviction Statement:** At the time of application, each applicant must provide written disclosure of all convictions not previously disclosed to the Coast Guard on an application.
- ☐ **Three (3) Character References:** This only applies to applications for *original* officer endorsements. Please see Title 46, Code of Federal Regulations part 11.205(c) for complete details.
- ☐ **CG Form 719K Physical Examination Report:** To be used for all *original, renewal, and raise of grade officer & qualified rating endorsement applications*. Applications for entry-level (ordinary seaman, wiper, stewards dept) endorsements should use the [CG Form 719K/E Entry-Level Physical Examination Report](#). Be sure that your medical practitioner completed **ALL PARTS** of the form, including signature, and that it is dated within 12 months of your application (*note: raise of grade transactions are 36 months).
- ☐ **CG Form 719P Chemical Testing Report:** This applies to all *original, renewal and the following raise of grade* transactions (any officer endorsement or first qualified rating endorsement). The chemical test report must be dated with six (6) months of your application. A letter from your marine employer or chemical testing consortium group, on company letterhead, may be used in lieu of this form.
- ☐ **Front and back photo-copy of license, merchant mariner's document and STCW endorsement** *(If Applicable)*
- ☐ **Authorization: 3rd party info release or different correspondence/credential mailing address** *(If Applicable)*
- ☐ **Evidence of appropriate sea service**
- ☐ **Photocopies of all applicable Training Course Certificate(s)**

**** IMPORTANT ****

All documents provided are subject to verification with the issuing authority. If any of the items displayed in the above box are missing at the time of application, you will be provided a "Notification of Incomplete Application" letter. From the date of this letter you will have 60-days to provide the missing information to the Regional Examination Center. If the missing information is not provided within the 60-day period, your application will be returned to you.

U. S. Coast Guard Regional Exam Centers

- Once you have completed your application packet you can either mail it or turn it in by appointment to one of the below Regional Exam Centers (REC).
- If mailing it please utilize one of the below addresses. It is best to send to your nearest REC.
- If you plan on going to the Regional Exam Center to turn it in please visit the NMC website at www.uscg.mil/nmc to schedule an appointment. Once here click on REC Information and then choose the REC you will be visiting. Click on Appointments and follow the directions.
- If you have any questions please call us at 1-888-427-5662 or email at IASKNMC@uscg.mil

NOTE! Do not mail applications to the National Maritime Center in Martinsburg, WV.

USCG- REC Anchorage Address: 800 E. Diamond Bldg. Suite 3-227 Anchorage, AK 99515 Fax: (907)-271-6742 Hours: 7:30 am – 3:30 pm	USCG-REC Juneau Address: 9105 Mendenhall Mall Road Suite 170 Juneau, AK 99801-8545 Fax: (907) 463-2482 Hours: 8:00 am- 4:00 pm	USCG-REC Portland Address: 911 NE 11 th Avenue Room# 637 Portland, OR 97232-4169 Fax: (503) 231-6738 Hours: 7:30 am- 3:30 pm
USCG-REC Baltimore Address: U.S. Customs House Rm. 420 40 South Gay Street Baltimore, MD 21202-4022 Fax: (410) 962-0930 Hours: 7:30 am- 3:30 pm	USCG-REC Long Beach Address: 501 W. Ocean Blvd. Suite 6200 Long Beach, CA 90802 Fax: (562) 435-1050 Hours: 7:00 am- 3:00 pm	USCG-REC Seattle Address: 915 Second Ave. Room 194 Seattle, WA 98174-1067 Fax: (206) 220-7329 Hours: 7:30 am- 3:30 pm
USCG-REC Boston Address: 455 Commercial Street. Boston, MA 02109-1045 Fax: (617)-223-3034 Hours: 8:00am- 4:00 pm	USCG-REC Memphis Address: 200 Jefferson Ave. Suite 1301 Memphis, TN 38103 Fax: (901)-544-3372 Hours: 8:00 am- 4:00 pm	USCG-REC Oakland Address: Oakland Federal Building N. Tower 1301 Clay Street, RM 180 N. Oakland, CA 94612-5200 Fax: (510) 637-1126 Hours: 8:00 am- 4:00 pm
USCG-REC Charleston Address: 196 Tradd St. Charleston, SC 29401 Fax: (843) 720-3259 Hours: 7:30 am- 3:30 pm	USCG-REC Miami Address: Claude Pepper Federal Bldg. 51 S.W. 1 st Ave. 6 th Floor Miami, FL 33130-1608 Fax: (305)-536-4304 Hours: 8:00 am- 4:00 pm	USCG-REC St. Louis Address: 1222 Spruce St. Room 7.105 St. Louis, MO 63103-2846 Fax: (314) 269-2733 Hours: 7:30 am- 3:30 pm
USCG-REC Honolulu Address: 433 Ala Moana Blvd. Honolulu, HI 96813-4909 Fax: (808)-522-8277 Hours: 7:00 am- 3:00 pm	USCG-REC New Orleans Address: 4250 Hwy. 22 Suite F Mandeville, LA 70471 Fax: (985) 624-5757 Hours: 8:00 am- 4:00 pm	USCG-REC Toledo Address: 420 Madison Ave. Suite 700 Toledo, OH 43604-1265 Fax: (419)-259-7558 Hours: 7:30 am- 3:30 pm
USCG-REC Houston Address: 8876 Gulf Freeway, Suite 200 Houston, TX 77017-6595 Fax: (713)-948-3360 Hours: 7:00 am- 3:00 pm	USCG-REC New York Address: Battery Park Building 1 South Street New York, NY 10004-1466 Fax: (212)-668-6394 Hours: 8:00 am- 4:00 pm	

Transportation Workers Identification Card (TWIC)

As of April 15, 2009 all Merchant Mariners must have a valid TWIC card in order for their credential to be valid. When applying for your Merchant Mariner Credential you must provide evidence that you either hold a valid TWIC or have applied for a TWIC.

If you already have a TWIC card please make a copy of the front and back of your TWIC card and include this with your application packet. If you have applied for your TWIC card please include a copy of your receipt.

If you do not hold or have not applied for a TWIC card you can get information on how to do this by visiting www.tsa.gov or calling 1-866-347-8942 and pressing option 5.

Please ensure that when you apply for your TWIC card that you select Merchant Mariner under the occupation field. If you already applied and did not do this please contact 1-866-347-8942 and select option 5.

Mariner Fees

Below is a list of fees for the various Mariner credentials issued by the US Coast Guard. Each submitted application is subject to an evaluation, examination, and issuance fee. All fees required may be paid at the time the application is submitted or at the following times:

- Evaluation fee when the application is submitted.
- Examination fee before the first examination section is taken.
- Issuance fee before receipt of the MMC.

Fee payment(s) must be made in the exact amount and may be paid by check or credit card. Checks should be written out to the US Coast Guard. The preferred method for submitting payment is by visiting [Pay.Gov](https://www.pay.gov). Once on [Pay.Gov](https://www.pay.gov) select Agency List/ Click on U/ Select United States Coast Guard/ Select USCG Merchant Mariner User Fee Payment and follow the directions. If [Pay.Gov](https://www.pay.gov) is utilized please ensure that you include a copy of your receipt in your application packet.

If you apply for	And you need . . .		
	Evaluation then the fee is . . .	Examination then the fee is . . .	Issuance then the fee is . . .
MMC with officer endorsement:			
Original:			
Upper level	\$100	\$110	\$45
Lower level	100	95	45
Renewal	50	45	45
Raise of grade	100	45	45
Modification or removal of limitation or scope	50	45	45
Radio officer endorsement:			
Original	50	45	45
Renewal	50	n/a	45
Staff officer endorsements:			
Original	90	n/a	45
Renewal	50	n/a	45
MMC with rating endorsement:			
Original endorsement for ratings other than qualified ratings	95	n/a	45
Original endorsement for qualified rating	95	140	45
Upgrade or Raise of Grade	95	140	45
Renewal endorsement for ratings other than qualified ratings	50	n/a	45
Renewal endorsement for qualified rating	50	45	45
STCW certification:			
Original	No fee	No fee	No fee
Renewal	No fee	No fee	No fee
Reissue, replacement, and duplicate	n/a	n/a	¹ \$45

Pay.Gov Instructions

Please use the below instructions to submit payment for your credential via Pay.Gov. When submitting your application, please ensure that you include a copy of your receipt.

- Go to www.pay.gov
- Click on Agency List, which is located under the section labeled “What Federal Agencies Can I Pay?”
- Select U and then click on United States Coast Guard. Select USCG Merchant Mariner User Fee Payment. This will bring you to a list of definitions that can be reviewed if needed.
- Select Continue and enter all required information and select what evaluation fee you will be paying. Please see Mariner Fees, enclosed within this packet, for guidance on which fee to select. **Please note: The evaluation fee must be paid prior to submitting an application.**
- Click on Continue. And choose the examination fee that is applicable. **Please note: All applications don’t require an examination fee. The fee can be paid at the same time as your evaluation fee or you can choose to pay it prior to going to the Regional Exam Center to test.**
- Place a checkmark beside the \$45 Issuance fee. **Please note: The issuance fee can be paid at the same time as your evaluation fee or you can choose to pay it at a later date. Your completed credential cannot be mailed until this fee is paid.**
- Select Continue. This will take you to the summary page. Click on Continue to proceed to the user-fee payment form. You can use your credit card or bank account in order to submit payment. Choose your method of payment and select Continue. Fill in required account information and select Continue.
- Once you hit continue you will be provided with a payment receipt. Print a copy for your records and print another one for your application packet.

Delayed Issuance of Renewal Credentials

A mariner renewing a credential may apply for renewal at any time. The date that the renewed credential is printed becomes the actual date of issuance. It is valid for five years from that date. When the issuance date of the new credential is dated before the expiration date of the credential being renewed, the mariner may not use the expiring credential since it becomes voided. Therefore, he or she loses the period of time measured from the date the new credential is issued to the expiration date of the credential it replaces (sometimes called License Creep).

In order to eliminate this, mariners may request **“Delayed Issuance.”** This request should be placed on CG719-B on page one under the section labeled “Applying For.” The mariner’s application will be processed upon receipt at the National Maritime Center (NMC). When processing is complete, the NMC will place the credential on hold and will print and mail it at a later date. The NMC will make every effort to ensure that the issuance of the renewed credential is as close to the expiration date of the mariner’s current credential.

This process will allow mariners to use their credentials for nearly all of the five year period of validity and to receive the renewed credential before the expiring one becomes invalid.

**MERCHANT MARINER CREDENTIAL APPLICATION
THIRD PARTY AUTHORIZATION**

I _____, authorize the USCG National Maritime Center
(full name)
to release/discuss any information regarding my current credential application to/with the Third
Party listed below, including (those checked below):

- ☐ Official correspondence and/or previous Merchant Mariner Credentials.
- ☐ Professional qualifications, certification records, or Sea Service time.
- ☐ Any information other than medical, related to the processing of my current application for a Merchant Mariner Credential.
- ☐ Any medical information related to the processing of my current application for a Merchant Mariner Credential.
- ☐ Act on my behalf in all matters pertaining to the processing of my current USCG credential application.
- ☐ Mail my credential to the third party listed below.

Third Party Information:

(Authorized Persons Name: Last, First, MI.)

(Organization if Applicable)

(Address)

(Phone Number and Email Address if Available)

This authorization expires on _____
(date)

(Mariner's Signature)

(Reference Number/Last
4 of Social Sec. Number)

(Date)

You may send the release to the NMC by the four methods listed below:

- Include it with your credential application packet
- Scan the signed release and email it to IASKNMC@uscg.mil.
- Fax the signed release to 304-433-3416
- Mail the signed release to the NMC at 100 Forbes Drive, Martinsburg, WV 25404.

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD	Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document	OMB 1625-0040 Expires 07/31/2009
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Section I - Personal Data			(For CG Use Only) Date Application Received
Name (Last, First, Middle) (Maiden Name if applicable)			Social Security Number
Date of Birth (Month, Day, Year) ____ / ____ / ____	Place of Birth (City, State, Country)		Country of Citizenship
Color of Eyes	Color of Hair	Height ____ ft ____ in	Weight ____ lbs
Mailing Address, City, State, Zip Code (PO Boxes are acceptable)		Phone Number () -	
		FAX Number () -	
		E-mail Address	
Next of Kin's Name and Mailing Address, City, State, Zip Code		Relationship	
		Next of Kin's Phone Number () -	
		Next of Kin's E-mail Address	

Parental or Guardian's Consent

☐ I am under 18 years old and a notarized statement of parental/guardian consent is attached.

Section II - Type of Transaction

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> STCW Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate of Discharge Sea Service					
*If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.					

Applying for:

Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMED-Oiler, etc.)

State Current or Previous License/Merchant Mariner's Document

Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

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Section III - Narcotics, DWI/DUI, and Conviction Record Conviction means found guilty by judgment or by plea and includes cases of deferred adjudication (no contest, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding. Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.

Yes (X)	No (X)	Indicate your answers to the following questions; sign and date at the bottom of this section.
		Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana.) <i>(If yes, attach statement)</i>
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <i>(If yes, attach statement)</i>
		Have you ever been convicted by any court - including military court - for an offense other than a minor traffic violation? <i>(If yes, attach statement)</i>
		Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? <i>(If yes, attach statement)</i>
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <i>(If yes, attach statement)</i>
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <i>(If yes, attach statement)</i>
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <i>(If yes, attach statement)</i>

I have attached a statement of explanation for all areas marked "yes" above. I signed this section with full understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.

X Signature of Applicant agreeing to the above statement	Date
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Section IV - Character References (For Original License Applicants Only)

☐ I am an Original License Applicant and have attached three letters of written recommendation.

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): I authorize the National Driver Registry to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

X Signature of Applicant

Date

Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner's Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. Once consent is given, it remains effective until revoked in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC-4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203-1804

X Signature of Applicant

Date

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Section VI - Certification and Oath

Certification (Mandatory)

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates the U. S. Criminal Code at Title 18 U. S. C. 1001 which subjects the violator to Federal prosecution and possible incarceration, fine or both.

I certify that the information on this application is true and correct and that I have not submitted any application of any type to the Officer-in-Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.

X Signature of Applicant agreeing to the above statement	Date
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Oath (For originals only. Coast Guard official must witness applicant signature.)

I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

X Signature of Applicant	Date	Signature of Coast Guard Official	Date
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U.S. Coast Guard Use Only

Section VII - REC Application Approval

Signature of Approving Official	REC	(Application has been approved on this date) Date
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Section VIII - REC Citizenship Verification & Credential Issuance

Indicate Proof of Citizenship below (For non U.S. also include I.N.S. Alien Registration #)

License Endorsement(s) Issued	Document Rating(s) Issued
Issue Number	License Serial Number
Expiration Date	MMD Serial Number
	Expiration Date

☐ Check box if corresponding STCW certificate was issued.

Signature of Issuing Official	REC	Date
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Section IX - NMC Verification of Duplicate Transactions

Ratings/Endorsements Authorized

Signature of Approving NMC Official: _____ Date: _____

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PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION
 - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502
 - B. SEE 46 CFR PARTS 10 AND 12.
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSONS DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719K Rev. (01-09)	Merchant Mariner Credential Medical Evaluation Report	OMB-1625-0040 Expires 6/30/2012
<ul style="list-style-type: none"> Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigational and Vessel Inspection Circular (NVIC) 4-08. Additional information is also available at the National Maritime Center (NMC) Homeport website at: http://homeport.uscg.mil/mmcmmedical Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or 1-888-I-ASK-NMC (1-888-427-5662) 		
Who must submit this form?		
<ul style="list-style-type: none"> Applicants seeking an original, renewal or raise-in-grade credential are required to complete this form or its equivalent, containing the same information, and submit it to the U.S. Coast Guard. Guidance for required submission of this form is contained in Enclosure (1) of NVIC 4-08. 		
Instructions for Applicants		
<ul style="list-style-type: none"> Applicants are required to provide the applicant information in section I, medication information in Section III, and certification of medical conditions in Section IV. 		
<ul style="list-style-type: none"> Applicants are required to sign and date the certification in section I of this form attesting, subject to criminal prosecution under 18 USC § 1001, that all information reported is true and correct to the best of their knowledge and that they have not knowingly omitted or falsified any material information relevant to this form. 		
<ul style="list-style-type: none"> Applicants should also complete the release in section II of this form. 		
Privacy Act Statement		
<p>As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.</p>		
<ol style="list-style-type: none"> Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5). Principal purposes for which information is used: <ol style="list-style-type: none"> To determine if an applicant is physically capable of performing their duties. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed. The routine uses which may be made of this information: <ol style="list-style-type: none"> This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential. 		
<p>An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for completing this form is 20 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Commandant (CG-543) United States Coast Guard, 2100 2nd Street SW, Washington, DC 20593-0001.</p>		

Applicant Name: _____

Date of Birth: _____

General Instructions for Medical Practitioner

1. The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
 - ▶ Are of sound health.
 - ▶ Have no physical limitations that would hinder or prevent performance of duties (see below).
 - ▶ Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.
2. The medical practitioner must ensure a complete history and physical are conducted and make recommendations as to the fitness of the applicant. Final approval of the mariner's status rests with the U.S. Coast Guard.
3. All examinations, tests and demonstrations must be performed, witnessed or reviewed by a physician (Medical Doctor (MD) or Doctor of Osteopathy (DO)) or nurse practitioner or a certified physician assistant licensed by a State in the U.S., a U.S. possession, or a U.S. territory. The verifying medical practitioner (VMP) who performed the examination must complete sections III, IV, VII, VIII, and IX of this form.
4. Detailed guidelines on medical conditions subject to further review are contained in NVIC 4-08 encl (3). Medical practitioners should be familiar with the guidelines contained within this document. NVIC 4-08 may be obtained from <http://www.uscg.mil/hq/cg5/nvic/2000s.asp#2008> or by calling the nearest USCG Regional Examination Center, or the National Maritime Center (<http://homeport.uscg.mil/mmcmedical>) at 1-888-IASKNMC (1-888-427-5662).
5. Verification of medications in section III of this form includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any medications or other substances, and affirmatively reporting any omitted current medications or other substances where required.
6. All applicants who require a general medical examination must be physically examined by the verifying medical practitioner.
7. The verifying medical practitioner is not required to perform or witness every examination, test or demonstration. These may be referred to other qualified practitioners; however, they must be reviewed to the satisfaction of the verifying medical practitioner. The last page of this form contains a certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to the satisfaction of the verifying medical practitioner. Applicants who are required to complete a general medical examination are also required to complete vision tests, and they may be required to complete hearing tests and/or demonstrations of physical competence as appropriate. The verifying medical practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.
8. If the verifying medical practitioner is unable to determine the applicant's physical ability, the applicant should be referred to another healthcare provider who can properly evaluate and test physical abilities.

Instructions for Providing Proof of Identity

- ▶ **Applicants** shall present acceptable proof of identity to the medical practitioner conducting examinations.
- ▶ **Medical practitioners** must verify the identity of applicants before conducting examinations.
- ▶ **Proof of identity** shall consist of one current form of valid government issued photo identification.
- ▶ The following credentials are examples of acceptable proof of identity:
 Unexpired official identification issued by a federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card or Merchant Mariner's Document/Merchant Mariner Credential.

Applicant Name: _____

Date of Birth: _____

Section I - Applicant Information

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>	<u>Suffix: (Jr., Sr., III)</u>
<u>Age:</u>	<u>Date of Birth (MM/DD/YYYY):</u>	<u>Social Security Number:</u>	

Applicant Certification (to be signed by applicant)

My signature below attests, subject to prosecution under 18 USC 1001, that all information that I have reported is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to this form.

<u>Date:</u>	<u>Printed Name:</u>
	<u>Signature:</u>

How do you wish to be contacted? (phone, e-mail, letter, fax) Please include contact information below:

Section II – Release

I hereby authorize the verifying medical practitioner (VMP), who has signed the certification on page 9 of this form, to release to, or discuss with authorized Coast Guard personnel, any pertinent information in his/her possession regarding any physical or medical condition that may require review by the Coast Guard prior to determining whether the Coast Guard should issue a credential(s) for maritime service.

I understand that this authorization is voluntary. I also understand that failure to provide authorization could affect the Coast Guard's ability to make a timely determination as to whether the Coast Guard should issue me a credential(s) for maritime service. This authorization will remain in effect until the Coast Guard determines whether to issue me the requested credential(s) for maritime service, but no longer than one year.

I have read and understand the following statement about my rights:

- ▶ I may revoke this authorization at any time prior to its expiration date by notifying the verifying medical practitioner in writing, but the revocation will not have any effect on any actions taken before they received the notification.
- ▶ Upon request, I may see or copy the information described in this release.
- ▶ I am not required to sign this release to receive my medical evaluation.

Applicant:

<u>Name (Printed):</u>	<u>Signature:</u>	<u>Date:</u>
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Applicant Name: _____

Date of Birth: _____

Section III - Medications (must be completed by applicant and reviewed by verifying medical practitioner)

Credential applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled and/or taken within 30 days prior to the date that the applicant signs the CG-719K or approved equivalent form. In addition, all prescription medications, and all non-prescription (over-the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K or approved equivalent form, must also be reported.

The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items.

1. Report all medications (prescription and non-prescription), dietary supplements, and vitamins.
2. Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.

Additional sheets may be added by the applicant and/or qualified medical practitioner if needed to complete this section (include applicant name and date of birth on each additional sheet).

If none, check "NONE."

☐ NONE

Section IV - Certification of Medical Conditions (must be completed by applicant and reviewed by verifying medical practitioner)

Applicants must report their relevant medical conditions to the best of their knowledge, and the verifying medical practitioner must verify the medical conditions, using the table below. Check "yes" if the applicant has had a previous diagnosis or treatment of the condition by a healthcare provider, or if the applicant is currently under treatment or observation for the condition, or if the condition is present regardless of treatment.

If the verifying medical practitioner, or any other health care provider to the satisfaction of the verifying medical practitioner, discovers a condition not reported by the applicant, he/she must check "yes" in the appropriate block and explain in the remarks.

The verifying medical practitioner must address all reported relevant conditions in detail in this Section. This detailed explanation should include, at a minimum, identification of the condition, approximate date of diagnosis, any limitations, whether the condition is controlled, the prognosis and any additional information as appropriate, referring to the evaluation data listed in enclosure [\(3\) of NVIC 4-08](#) for each condition.

Additional sheets may be added by the applicant and/or verifying medical practitioner if needed to complete this section of the form. (include applicant name and DOB on each additional sheet).

To the best of the applicant's knowledge, does the applicant have, or have ever suffered from, any of the following?

If YES, the applicant must **PROVIDE THE TEST RESULTS AND/OR RECORDS AS INDICATED**, referring to the evaluation data listed in enclosure [\(3\) of NVIC 4-08](#) for each condition. Documentation of evaluation data specified in this table for all applicable medical conditions potentially requiring further review should be submitted with each application, unless otherwise specified by the NMC. Mariners, including first class pilots and those individuals "serving as" pilots (as well as Great Lakes pilots) who are required to submit annual physical examinations to the Coast Guard, may be issued a letter by the NMC specifying the extent of the evaluation data, if any, that should be submitted to the Coast Guard for any medical conditions that have been previously reported to, and evaluated by, the NMC.

The verifying medical practitioner shall make comments on all answers marked "yes" on the following page for which no evaluation data has been submitted. If known to the VMP, the VMP may comment that a condition has been previously reported on a prior CG-719K, but only for those CG-719Ks submitted after December 31, 2008, and only for those conditions which have not changed since the condition was previously reported on a prior CG-719K

Applicant Name: _____

Date of Birth: _____

1. Identify the Condition		3. Is Condition Controlled?	5. Prognosis
2. List Any Limitations		4. Approximate Date of Diagnosis	6. Additional Information
	YES	NO	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Ear surgery,
2.	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss, hearing aid
3.	<input type="checkbox"/>	<input type="checkbox"/>	Impaired speech or stuttering
4.	<input type="checkbox"/>	<input type="checkbox"/>	Deformities of face
5.	<input type="checkbox"/>	<input type="checkbox"/>	Open tracheostomy
6.	<input type="checkbox"/>	<input type="checkbox"/>	Poor vision
7.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye disease or injury
8.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye surgery
9.	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal color vision
10.	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma
11.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
12.	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema or COPD
13.	<input type="checkbox"/>	<input type="checkbox"/>	Collapsed lung/pneumothorax
14.	<input type="checkbox"/>	<input type="checkbox"/>	Irregular heart beat
15.	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur or valve replacement
16.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or angina
17.	<input type="checkbox"/>	<input type="checkbox"/>	Heart attack/ myocardial infarction
18.	<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure
19.	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery/stent/angioplasty
20.	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or defibrillator
21.	<input type="checkbox"/>	<input type="checkbox"/>	Any other heart condition
22.	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure/hypertension
23.	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm or blockages
24.	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary embolus or blood clots
25.	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal bleeding or ulcers
26.	<input type="checkbox"/>	<input type="checkbox"/>	Crohn's disease or ulcerative colitis
27.	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or jaundice
28.	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder problems or stones
29.	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal surgery
30.	<input type="checkbox"/>	<input type="checkbox"/>	Any form of cancer
31.	<input type="checkbox"/>	<input type="checkbox"/>	Anemia
32.	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or polycythemia
33.	<input type="checkbox"/>	<input type="checkbox"/>	Any other blood disorders
34.	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease
35.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
36.	<input type="checkbox"/>	<input type="checkbox"/>	HIV or AIDS
37.	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma or leukemia
38.	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
39.	<input type="checkbox"/>	<input type="checkbox"/>	Neurofibromatosis
40.	<input type="checkbox"/>	<input type="checkbox"/>	Skin tumors or cancer
41.	<input type="checkbox"/>	<input type="checkbox"/>	Scleroderma
42.	<input type="checkbox"/>	<input type="checkbox"/>	Lupus
43.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney transplant or dialysis
44.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease or cancer
45.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones
46.	<input type="checkbox"/>	<input type="checkbox"/>	Protein/sugar/blood in urine
47.	<input type="checkbox"/>	<input type="checkbox"/>	Back surgery or injury
48.	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured/herniated disc
49.	<input type="checkbox"/>	<input type="checkbox"/>	Fractures requiring surgery
50.	<input type="checkbox"/>	<input type="checkbox"/>	Limitation of any major joint
51.	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint surgery
52.	<input type="checkbox"/>	<input type="checkbox"/>	Dislocated joint
53.	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent neck or back pain
54.	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joint
55.	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis or bursitis
56.	<input type="checkbox"/>	<input type="checkbox"/>	Trick or locked knee
57.	<input type="checkbox"/>	<input type="checkbox"/>	Amputation or prosthesis
58.	<input type="checkbox"/>	<input type="checkbox"/>	Carpal tunnel
59.	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty walking or climbing
60.	<input type="checkbox"/>	<input type="checkbox"/>	Sciatica or nerve pain
61.	<input type="checkbox"/>	<input type="checkbox"/>	Other bone/joint disorder
62.	<input type="checkbox"/>	<input type="checkbox"/>	Motion/sea sickness
63.	<input type="checkbox"/>	<input type="checkbox"/>	Impaired balance, or balance disorder or difficulty
64.	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo or dizziness
65.	<input type="checkbox"/>	<input type="checkbox"/>	Numbness or paralysis
66.	<input type="checkbox"/>	<input type="checkbox"/>	Head injury or skull fracture
67.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy
68.	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headaches
69.	<input type="checkbox"/>	<input type="checkbox"/>	Narcolepsy
70.	<input type="checkbox"/>	<input type="checkbox"/>	Sleep apnea
71.	<input type="checkbox"/>	<input type="checkbox"/>	Restless leg
72.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells or loss of consciousness
73.	<input type="checkbox"/>	<input type="checkbox"/>	Stroke or TIA
74.	<input type="checkbox"/>	<input type="checkbox"/>	Brain tumor
75.	<input type="checkbox"/>	<input type="checkbox"/>	Other brain or nerve disease
76.	<input type="checkbox"/>	<input type="checkbox"/>	ADD, ADHD, or bipolar
77.	<input type="checkbox"/>	<input type="checkbox"/>	Depression
78.	<input type="checkbox"/>	<input type="checkbox"/>	History of suicide attempt
79.	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia
80.	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety
81.	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or substance abuse
82.	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
83.	<input type="checkbox"/>	<input type="checkbox"/>	Other psychiatric disease or counseling
84.	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking
85.	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting since age 12
86.	<input type="checkbox"/>	<input type="checkbox"/>	Sex change
87.	<input type="checkbox"/>	<input type="checkbox"/>	Allergic reactions
88.	<input type="checkbox"/>	<input type="checkbox"/>	Any other disease, surgery or hospitalization

Condition #	Comment

Applicant Name: _____

Date of Birth: _____

Section V (a) – Visual Acuity

This section must be completed by the verifying medical practitioner, or any other healthcare provider to the satisfaction of the verifying medical practitioner see encl [5 of NVIC 4-08](#). Additional information must be reported in Section VII. If corrective lenses are required to meet the standard, both corrected and uncorrected vision must be tested.

Distant Uncorrected	Distant Corrected To	Field of Vision	
Right: 20 /	Right: 20 /	This applicant must have a 100-degree horizontal field of vision.	<input type="checkbox"/> Normal
Left: 20 /	Left: 20 /		<input type="checkbox"/> Abnormal

Section V (b) – Color Vision

The following color sense testing methodologies are acceptable:

- ☐ AOC (1965) – (6 or fewer errors on plates 1-15)
☐ AOC-HRR (2nd Edition) – (No errors in test plates 7-11)
☐ Richmond (1983) – (6 or fewer errors)
☐ Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)

- ☐ Titmus Vision Tester / OPTEC 2000 – (No errors on six plates)
☐ Farnsworth Lantern (colored lights) Test per instruction booklet.
☐ Optec 900 (colored lights) Test per instruction booklet.
☐ An alternative test approved by the Coast Guard (indicate test) _____

The verifying medical practitioner must indicate test used and results (number of errors). Additional information must be reported in Section VII. Color sensing lenses (e.g. X-Chrome) are prohibited.

Color Vision: Normal Color Vision ☐ Abnormal Color Vision ☐
 Number of Errors _____

Section VI – Hearing

Normal <input type="checkbox"/>	Abnormal Hearing <input type="checkbox"/>	Hearing Aid Required <input type="checkbox"/>
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If abnormal hearing or hearing aid required, perform audiogram or functional speech discrimination test.

An applicant with normal hearing does not need to complete either the audiometer test or the functional speech discrimination test. The verifying medical practitioner, in consultation with any other healthcare provider he/she deems appropriate, determines whether the audiometer and/or functional speech discrimination tests are necessary. If hearing is abnormal or a hearing aid is required, refer to enclosure [\(5\) of NVIC 4-08](#) for guidance.

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000 Hz, 2,000 Hz and 3000 Hz. The frequency responses for each ear are averaged to determine the measure of an applicants hearing ability. The Applicant should demonstrate an unaided threshold of 30dB in each ear.

Additional information must be reported in Section VII.

Audiometer Threshold Value		500Hz	1,000Hz	2,000Hz	3,000Hz				
	Right Ear (Unaided)								
	Left Ear (Unaided)								
	Right Ear (Aided)								
	Left Ear (Aided)								
Functional Speech Discrimination Test @ 55dB		Right Ear (Unaided):			%	Right Ear (Aided)			%
		Left Ear (Unaided):			%	Left Ear (Aided)			%

Applicant Name: _____

Date of Birth: _____

#	Normal	Abnormal	System/Organ	#	Normal	Abnormal	System/Organ
1.			Head, Face, Neck, Scalp	10.			Skin
2.			Eyes / Pupils / EOM	11.			Lymphatic
3.			Mouth And Throat	12.			Neurologic
4.			Ears / Drums	13.			Vascular System
5.			Lungs And Chest	14.			Genital-Urinary System
6.			Heart	15.			Hernia
7.			Abdomen	16.			Missing extremities / Digits
8.			Upper / Lower Extremities	17.			General / Systemic
9.			Spine / Musculoskeletal				

[illegible]

- ▶ If the examining medical practitioner doubts the applicant's ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40.0 or higher, the practitioner shall require that the applicant demonstrate the ability to meet the guidelines. This does not mean, for example, that the applicant must actually don an exposure suit, pull an uncharged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported in Section IX.
- ▶ All practical demonstrations, if required, should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).

Previous Edition Obsolete

- ▶ If the verifying medical practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, [see enclosure \(2\) of NVIC 4-08](#).
- ▶ If the applicant is unable to perform any of the following functions, the examining practitioner should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the Section IX.

List of tasks considered necessary for performing ordinary and emergency response shipboard functions:

<u>Shipboard Tasks, function, event or condition:</u>	<u>Related Physical Ability:</u>	<i>The examiner should be satisfied that the applicant:</i>
Routine Movement on slippery, uneven, and unstable surfaces.	Maintain Balance (equilibrium).	Has no disturbance in sense of balance.
Routine access between levels.	Climb up and down vertical ladders and stairways.	Is able, without assistance, to climb up and down vertical ladders and stairways.
Routine movement between spaces and compartments.	Step over high door sills and coamings, and move through restricted accesses.	Is able without assistance, to step over a door sill or coaming of 24 inches (61 centimeters) in height. Able to move through a restricted opening of 24 inches.
Open and close watertight doors, hand cranking systems, open/close valve.	Manipulate mechanical devices using manual and digital dexterity, and strength.	Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms). Should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles. Reach above shoulder height.
Handle ship's stores.	Lift, pull, push, and carry a load.	Is able, without assistance, to lift at least a 40 pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.
General vessel maintenance.	Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). Use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers.	Is able, without assistance, to grasp, lift and manipulate various common shipboard tools.
Emergency response procedures, including escape from smoke-filled spaces.	Crawl (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).	Is able, without assistance, to crouch, keel and crawl, and to distinguish differences in texture and temperature by feel.
Stand a routine watch.	Stand a routine watch.	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods.
React to visual alarms and instructions, emergency response procedures.	Distinguish an object or shape at a certain distance.	Fulfills the eyesight standards for the merchant mariner credential(s) applied for. <i>See footnote 1 of this table & enclosure (5) of NVIC 4-08.</i>
React to audible alarms and instructions, emergency response procedures.	Hear a specified decibel (dB) sound at a specified frequency.	Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for.
Make verbal reports or call attention to suspicious or emergency conditions.	Describe immediate surroundings and activities, and pronounce words clearly.	Is capable of normal conversation.
Participate in firefighting activities.	Be able to carry and handle fire hoses and fire extinguishers.	Is able, without assistance, to pull an uncharged 1.5 inch diameter, 50' fire hose with nozzle to full extension, and to lift a charged 1.5 inch diameter fire hose to fire fighting position.
Abandon ship.	Use survival equipment.	Has the agility, strength and range of motion to put on a personal flotation device and exposure suit without assistance from another individual.

Applicant Name: _____

Date of Birth: _____

Section IX – Verifying Medical Practitioner Recommendation		
<input type="checkbox"/> Recommended Competent	<input type="checkbox"/> <u>Not Recommended Competent</u> <i>(explain in comments)</i>	<input type="checkbox"/> <u>Needing Further Review</u> <i>(explain in comments)</i>
<u>Comments on Recommendation:</u>		
Verifying Medical Practitioner:		
This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.		
<u>Name (Printed):</u>	<u>Signature:</u>	
	<u>Date:</u>	

DOT/USCG Periodic Drug Testing Form

INSTRUCTIONS: This form MAY be used to satisfy the requirements for "Periodic Drug Testing" in accordance with Title 46 CFR 16.220. If you participate in a USCG "random or pre-employment drug test program," this form may not be necessary. (See page 2 for details).

NOTE: The cost of the drug test is the **sole** responsibility of the applicant, not the Coast Guard.

Section I – Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

Name: (Last, First, Middle) of Applicant (Print or Type)**Social Security Number****X Signature of Applicant****Date****Section II – Name of SAMHSA Accredited Laboratory (Type or Print)****Name****Address****Section III – Medical Review Officer****DATE SPECIMEN COLLECTED:****Specimen Analyzed For (DOT 5 Panel):**

- Marijuana metabolite
- Cocaine metabolites
- Opiates metabolites
- Phencyclidine
- Amphetamines

The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CIRCLE ONE)

NEGATIVE**POSITIVE/SUBSTITUTED/ADULTERATED or
INVALID TEST (Test Cancelled)****(Please complete the next block for all non-negative results)**

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: (To be reported to the nearest USCG Marine Safety Office).

This specimen is verified **POSITIVE** for _____.

The specimen was identified as being **SUBSTITUTED** or containing the **ADULTERANT**:

The test was **CANCELLED** because (insert reason): _____

I certify that I meet the qualifications for a Medical Review Officer as outlined in Title 49 CFR 40.121. I have reviewed the results and determined that the applicant's verified test result is in accordance with Title 49 CFR 40 Subpart G.

**MEDICAL REVIEW OFFICER CONTACT
INFORMATION:****Name:** _____**Address:** _____**Phone:** _____**MEDICAL REVIEW OFFICER AUTHORITY:****Name: (Printed)** _____**Signature:** _____
(MRO signature stamp is authorized for negative results only)**Name of MRO Qualifying Organization:** _____**Registration Number Issued by Qualifying Organization:** _____

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number." "The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

DOT/USCG Periodic Drug Testing Form

REQUIREMENTS	<ul style="list-style-type: none">● A drug test is required for all transactions EXCEPT endorsements, duplicates and STCW certificates.● ONLY a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.
OPTION I PERIODIC TESTING PROGRAM	<ul style="list-style-type: none">● A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.● COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given Title 49 CFR Part 40.31. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at www.uscg.mil/hq/g-m/moa/dapip.htm.● The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly to our office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement.
OPTION II RANDOM TESTING	<ul style="list-style-type: none">● An ORIGINAL DATED letter on marine employer stationary or, for ACTIVE DUTY MILITARY MEMBERS, an ORIGINAL DATED letter from your command on command letterhead attesting to participation in random drug testing programs. EXAMPLE (From Marine Employers): <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs. EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./ Army Corps of Engineers): <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.
OPTION III PRE-EMPLOYMENT TESTING	<ul style="list-style-type: none">● An ORIGINAL DATED letter on marine employer stationary signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. EXAMPLE: <i>APPLICANT'S NAME / SSN</i> passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PARTS 10, 12, 13, AND 16).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE AND DOCUMENT ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (*Required by law or optional*) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG - 719S (REV 03/04)	<h2 style="text-align: center;">Small Vessel Sea Service Form</h2>	OMB 1625-0040 Expires 07/31/2009 PAGE 1
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Section I – Applicant Information (Note: Complete One Form per Vessel)

Name (Last, First, Middle)		Social Security Number	
Vessel Name		Official Number or State Registration Number	
Vessel Gross Tons	Length	Width (if known)	Depth (if known)
Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)		Served As: (Master/Mate/Operator/Deckhand/etc.)	
Name of body or bodies of water upon which vessel was underway (Geographic Locations)			

Section II – Record of Underway Service

In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)

January (year / days)	February (year / days)	March (year / days)	April (year / days)	May (year / days)	June (year / days)
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
July (year / days)	August (year / days)	September (year / days)	October (year / days)	November (year / days)	December (year / days)
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____

Total number of days served on this vessel:	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>	Number of days served on Great Lakes:	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>
Average hours underway (per day):	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>	Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>
Average distance offshore:	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>	Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>

Section III – Signature and Verification Applicant Read Before Signing!

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a license/document to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U. S. C. 1001).

X Signature of Applicant	Date
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NOTE:

- If you were not the owner, the Owner, Operator, or Master must complete the remainder of this form.
- If you were the owner of the above vessel, proof of ownership must be provided with this form.

Owner, Operator or Master Read Before Signing!

I certify that the above individual has served on the above vessel as stated. I am making this statement in order that the applicant may obtain a license to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five(5) years or both (18 U. S. C. 1001).

X Signature and title of person attesting to experience	Date
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Owner's, Operator's, or Master's Name (Last, First Middle):	Owner's, Operator's, or Master's address and phone number:
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Small Vessel Sea Service Form

PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION:
 - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502.
 - B. SEE 46 CFR PARTS 10 AND 12.
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE OR DOCUMENT ISSUED BY THE COAST GUARD.
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 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
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"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

The Coast Guard estimates that the average burden for this report is 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."